

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled):		Original			
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)					
OWNER NAME : Con Edison Co. of NY, Inc.					
address: 4 Irving Place					
City:	New York	State:	NY	Zip: 10003-3502	
Contact:	William Morrison			Tel: 212 /46 01132	
REMOVAL CONTRACTOR: C K B Environmental Inc.					
Address: 1728 Putnam Avenue					
City	Ridgewood	State:	NY	Zip: 11385	
Contact:	Tomeczyk, Dariusz			Tel: 718 388 8070	
OTHER OPERATOR:					
address:					
City:		State:		Zip:	
Contact:				Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation):		R			
IV. IS ASBESTOS PRESENT? (Yes / No)		Y			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Bldg Name: 74th Street Generating Station					
Address: 506 East 75th Street					
City	New York	State:	NY	County: New York	
Site Location:					
Building Size:	123,310	# of Floors:	1	Age in Years: 76	
Present Use:	Generating Station	Prior Use:	Generating Station		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL :					
Bulk Sampling					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			Cat I	Cat II	UNIT
Pipes	790	0	0	LnFt: <input checked="" type="checkbox"/>	Ln m:
Surface Area	0	0	0	SqFt: <input checked="" type="checkbox"/>	Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/>	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		10/17/2016		Complete:	10/03/2017
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		10/17/2016		Complete:	10/16/2017

NOTIFICATION OF DEMOLITION AND RENOVATION

Federal EPA Region II Office
Air & Hazardous Material Division
Federal Office Building
26 Federal Plaza
New York, NY 10278

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Date: 9/26/16

FACILITY INFORMATION (IDENTIFY OWNER, CONTRACTOR, AND OTHER OPERATOR).

OWNER: BASF
Address: 25 MIDDLESEX ESSEX TURNPIKE
City: ISEUN State: NJ Zip: 08830
Contact: MS. DIANA WRIGHT Tel: 732-221-5652

FACILITY DESCRIPTION (INCLUDE BLDG NAME, NUMBER AND FLOOR OR ROOM NUMBER).

BUILDING NAME: BASF
Address: 25 MIDDLESEX ESSEX TURNPIKE
City: ISEUN State: NJ County MIDDLESEX
Site Location Present Use RID OFFICE LABS
Bldg. Size Sq.Ft. 100,000 # of Floors 3 Age 60 YEARS

REMOVAL CONTRACTOR: BEST REMOVAL INC
Address: 450 SOUTH TOWER ST
City: HACKENSACK State: NJ Zip: 07601
Contact: J. NAORANO Tel: 201-329-7444
NJ LIC# 00388 NYC LIC#

AIR MONITORING FIRM EH1
Address: 655 WEST SHORE TRAIL
City: SPARTA State: NJ Zip: 07871
Contact: JEAN-PAUL VON DOEHRN Tel: 973-729-5649

Type of Notification (O-Original/R-Revised) 0

Type of Operation (D-Demolition/R-Renovation) R

PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

PLM + TEM

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APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

Nonfriable Asbestos Material
Not To Be Removed

Pipes Linear Ft RACM TO BE REMOVED 500 LF CATEGORY I CATEGORY II

Surface Area Sq.Ft. 3500 DATA MASTIC

SCHEDULE DATES OF ASBESTOS REMOVAL:
START 10/1/16 COMPLETION 11/11/16

SCHEDULE DATES OF DEMO/RENOVATION:
START N/A COMPLETION N/A

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Poly Protection, WET METHODS
DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

HEPA FILTERING EQUIPMENT, NEGATIVE PRESSURE, WET METHODS.

WASTE TRANSPORTER: GLOBAL WASTE SERVICES
Address: 699 WASHINGTON AVE
City: HACKENSACK State: NJ Zip: 07810
Contact: AL SCHLEYER Tel: 610-373200
Registration # 100020

DISPOSAL SITE: MINERVA ENTERPRISES LLC
Address: 8955 MINERVA RD S.E
City: WAYNEBURG State: OH Zip: 44688
Contact: H. CANTON Tel: 330 866 3436
Permit # P010498A

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency N/A

Description of Emergency N/A

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) I ALSO CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Owner/Operator [Signature]

Date 9/26/16